Functional Cultural Competency in TB Case Management

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“TB anywhere is TB everywhere.”

—*Bill Bower*

It really is a global village

- Latest CDC reporting: in 2011 there were 10, 521 new TB cases. 3,929 TB cases were U.S.-born—37.5% of all cases [with known national origins]. However, TB rates in foreign-born persons were 12 times higher than U.S.-born persons
- Successful case management requires that cultural differences of patients and contacts be recognized and respected in order to improve treatment adherence
- Local TB control must develop skillful rapport and working relationships within diverse communities

Kalamazoo County most recent M.TB Cases

China	1
Congo	1
Guatemala	2
India	4
Mexico	2
United States	5

Literature search summary:

TB nurses must possess empathy and respect for different cultures to avert noncompliance.

Cultural Competence—a brief overview

- Culture is the learned and shared beliefs, traditions, values, perceptions, and behaviors of a people or group over succeeding generations. Cultural factors include race, ethnicity (particular groups within complex societies), religion, language, geography, et al.
- Culture impacts patient/contact health perceptions and health behaviors
- Culture also affects patient/contact response to health care services. (Is a TB RN a godsend or a threat?)

Cultural competence, continued

- What culturally-acquired factors shape role relationship between the TB nurse and patient/contacts?
  - ***Relationship/gender roles***
  - ***Family dynamics (Who has the power?)***
  - ***Degree of acculturation***
  - ***Household economics***
  - ***Stresses and loss: perceptions of threats, discrimination or oppression***
  - ***Beliefs and rituals***
- TB nursing requires smart, adaptive knowledge and interpersonal skills recognizing and respecting differences

Cultural competence, continued

- TB case management based on respect, curiosity, and empathy for other cultures results in open generalizations—as opposed to closed stereotyping. Open generalizations allow for dynamic responses

Outcome?

Effective cultural awareness works towards achieving TB case management goals:

1. Safe, successful treatment of the patient
2. Completion of a comprehensive contact investigation that identifies and treats any related infections
3. Eliminating or minimizing further disease transmission risk pertaining to the index case

Developing acceptable attending skills

- RNs need to be aware of—and work within—other people's patterns of belief and behavior
- Convey contextual empathy, respect, and appreciation to minimize perceived threats. But to convey respect it must be recognized—continually assess the response
- Engagement, and earning the trust and confidence of case/contacts strengthens case management outcomes

TB Case Management Skills

- Maintain self-awareness when working with patients/contacts. (Are you open and flexible to changing circumstances?)
- Convey expertise, and confidence while remaining humble as the latter helps preserve some semblance of patient/contact empowerment. Remember the goals:
  - ***To optimize treatment compliance***
  - ***To conduct thorough contact investigation and identify further exposures***
  - ***To avert noncompliance and noncooperation***
  - ***To integrate patient perceptions and expectations***
- **S**eek out and develop rapport and working relationship with **s**killed interpreters
  - ***Cursory understanding of disease process***
  - ***Ability to convey respect, empathy, and reassurance to the patient, household, and case contacts***
- Seek out and develop rapport and working relationships with adept members of the community

Considerations for RN attending behaviors

- **Use slow, clear speech**
- **Use open-ended questions** to promote cross-cultural patient/contact inclusion ("What will help you get better?")
- **Attempt to get the patient's name right;** and politely ask about pronunciation
- **Learn a common greeting/gesture**
- **Assess the environment**. Culture impacts personal interactions. *Some behaviors are not universal*. Handshaking, staring or making eye contact, addressing a woman directly rather than a male family member, addressing a child before an older adult, etc., all may be considered offensive or non-reciprocated behaviors in some cultures

RN attending behaviors, continued

- **Never ask about immigration status**. ("The only goal is to help you get well and protect your loved ones from TB.")
- **Maintain self-awareness of attending behaviors**: body language, non-verbals, tone of voice, use of space; gauge eye contact
- **Is the patient relationship formal or informal**? Polite default position: Ms., Mr., Mrs., Dr., Prof.; consider "How would you like to be addressed?"
- **Think and plan**: obtain an open cultural overview; work in concert with colleagues to offset gender, ethnic, or cultural differences. Staff diversity is useful (but local public health staffing is often lean and limited)

Other considerations

- Never challenge someone's perceptions of BCG
- Observe and assess: gauge instruction and education to situation; use nontechnical words
- Attempt to learn words or phrases in the patient's language
- Address the eldest in a crowded home until the person(s) in charge is identified
- Be willing to work with the patient concerning visit schedules (D.O.T., lab work, Ethambutol vision testing, et al.). Flexible, vigorous skilled nursing care promotes confidence and cooperation
- Remove your shoes before entering a devout home

References

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